

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41400**

BIRTH NO. **1** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **438**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Crosse</b>	
c. LENGTH OF STAY (If this place) <b>19 days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Crim Smith Mem. Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Edwin</b> c. (Last) <b>Baldwin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Sept. 19, 1887</b>		9. AGE (In years last birthday) <b>65</b>		10. 1 YEAR <b>3</b> 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Atlanta, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Edwin Baldwin</b>		13b. MOTHER'S MAIDEN NAME <b>Anna B. Bromley</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Estella Sterling Baldwin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>MO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hummer J. Baldwin</b> ADDRESS <b>La Crosse, Mo.</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolus</b>		DUPLICATE OF (b) <b>Fracture of right hip</b>			<b>19 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <b>Moderate diabetes</b>			<b>four yrs -</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>E9000 21</b>				

19a. DATE OF OPERATION <b>12/17/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Longitudinal fracture thru trochanter + shaft femur</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Richland</b> (COUNTY) <b>061</b> (STATE) <b>Macon, Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 5 1952 8P m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell on steps to house (Ice?)</b>	

22. I hereby certify that I attended the deceased from **12-6-1953**, to **12-24, 1953** that I last saw the deceased alive on **12-24-1953**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George E. Grinn MD</b>		23b. ADDRESS <b>Kirksville, Mo</b>		23c. DATE SIGNED <b>12/24/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 26-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>La Plata</b>	
24d. LOCATION (City, town, or county) (State) <b>La Plata, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>12-26-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert 1-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.S. Heintz</b> ADDRESS <b>La Plata, Mo.</b>	
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JAN 27 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed D. S. Christie

Licensed Embalmer No. 1709

P. O. Address Llplata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.